

Supplemental Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: SYSTEM FOR A DENTAL FILLING
MATERIAL OR IMPLANT MATERIAL,
AND POWDERED MATERIAL,
HYDRATION LIQUID, IMPLANT
MATERIAL AND METHOD OF
ACHIEVING BONDING
Attorney Docket Number:: 1510-1097
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 2
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: LEIF
Middle Name::
Family Name:: HERMANSSON
Name Suffix::
City of Residence:: UPPSALA LANNA
State or Province of Residence::
Country of Residence:: SWEDEN
Street of Mailing Address:: STENBROHULTSVAGEN 20, 3 TR
Address:: LANNA GARD
City of Mailing Address:: UPPSALA LANNA
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: S-757-58 740-11

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: LARS
Middle Name::
Family Name:: KRAFT
Name Suffix::
City of Residence:: UPPSALA
State or Province of Residence::
Country of Residence:: SWEDEN
Street of Mailing Address:: ULLSAXVAGEN 17
Address::
City of Mailing Address:: UPPSALA

State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: S-756 48

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: HAKAN
Middle Name::
Family Name:: ENGQVIST
Name Suffix::
City of Residence:: KNIVSTA
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing Address:: MARGARETAVAGEN 12
Address::
City of Mailing Address:: KNIVSTA
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: S-741 44

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: NILS-OTTO
Middle Name::
Family Name:: AHNFELT
Name Suffix::
City of Residence:: UPPSALA
State or Province of
Residence::
Country of Residence:: SWEDEN

Street of Mailing NORDHEMSVAGEN 5A
Address::
City of Mailing Address:: UPPSALA
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: S-756 46

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: JESPER
Middle Name::
Family Name:: LOOF
Name Suffix:: .
City of Residence:: UPPSALA
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing LUTHAGSESPLANADEN 26B
Address::
City of Mailing Address:: UPPSALA
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: S-752 24

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: JAN-ERIK
Middle Name::
Family Name:: SCHULZ-WALZ
Name Suffix::
City of Residence:: HAMBURG

State or Province of

Residence::

Country of Residence:: SWEDEN GERMANY

Street of Mailing DOROTHEENSTR. 14

Address::

City of Mailing Address:: HAMBURG

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN GERMANY

Postal or Zip Code of Mailing Address:: S-22301

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/SE03/00954	6/11/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
SWEDEN	0201920-6	6/20/02	Yes
SWEDEN	0201921-4	6/20/02	Yes
SWEDEN	0202998-1	10/9/02	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::